

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/033,692 Confirmation No.: 8583  
Applicant : Thierry LEGAY  
Filing Date : December 19, 2001  
Title : MEASUREMENT OF THE COMPLEX IMPEDANCE OF A LEAD  
FOR AN ACTIVE IMPLANTABLE MEDICAL DEVICE, IN  
PARTICULAR OF PACEMAKER, DEFIBRILLATOR AND/OR  
CARDIOVERTOR  
Group Art Unit : 3762  
Examiner : Kristen L Droesch  
Docket No. : 8707-2135  
Customer No. : 30120

Mail Stop Fee-Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated March 11, 2004.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

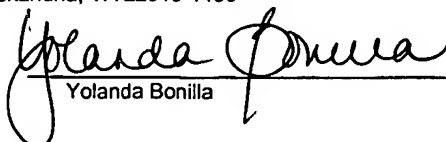
EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
<b>Fee</b>		<b>\$110.00</b>

**CERTIFICATE OF MAILING**  
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: July 12, 2004

DOCSNY1:1055201.1

  
Yolanda Bonilla

Applicant : Thierry LEGAY  
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☒ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 110.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	12	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	2	-	3	=	0	x	\$86.00	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								<b>\$0.00</b>
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								<input type="checkbox"/> \$0.00
Extension of Time (from above)								\$110.00
Assignment -- \$40 (if applicable)								<input type="checkbox"/> \$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>								<b>\$110.00</b>

Respectfully submitted,



Dated: July 12, 2004

By: \_\_\_\_\_

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